



Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: NISAL CORP P.O. BOX 24809 HOUSTON, TX 77029	MFDR Tracking #: M4-11-3086-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Carrier's Austin Representative Box #: NETHERLANDS INSURANCE CO Box #: 19	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to RULE §134.60 {sic} (p) "Non-emergency health care requiring preauthorization includes...(7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program." Therefore, an initial psychological interview (Initial Mental Health Evaluation) does not require pre-authorization. Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required. The request for reconsideration and this MDR are being filed in order to comply with the requirements of **RULE §133.250(B)** and **RULE §133.305.**"

Amount in Dispute: \$225.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This medical dispute concerns reimbursement for medical treatment the requestor provided to the claimant on 9/2/10, 9/20/10, and 9/29/10. The requestor has failed to complete the Table of Disputed Services indicating the correct maximum allowable reimbursement (MAR) amount, but the requestor presumably believes that \$225.00 represents the MAR because that is the amount listed as being in dispute. The carrier submits that all fee reductions were made in accordance with the applicable fee guidelines. The carrier specifically notes that for CPT Codes 96102, the carrier maintains that preauthorization was required, but not obtained."

Response Submitted by: Flahive, Ogden and Latson, P.O. Box 13367, Austin, TX 78711

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
9/2/10	96102	$54.32 \div 36.8729 \times \$54.18 = \$79.816 \times 2 = \159.63	\$75.00	\$75.00
9/20/10	96102	$54.32 \div 36.8729 \times \$54.18 = \$79.816 \times 2 = \159.63	\$75.00	\$75.00
9/29/10	96102	$54.32 \div 36.8729 \times \$54.18 = \$79.816 \times 2 = \159.63	\$75.00	\$75.00
			Total Due:	\$225.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of health care.
- 28 Tex. Admin. Code §137.100 sets out the treatment guidelines for disability management.

4. 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated 12/13/2010 for dates of service 9/2/2010, 9/20/2010 and 9/29/2010
 - 197 – Precertification/authorization/notification absent. \$0.00
 - 851-000 – Payment denied/reduced for absence of precertification/authorization. UMD recommends \$0.00

Issues

1. Did the services in dispute require preauthorization?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed two units of CPT code 96102 (Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face to face) on the above listed dates of service. The insurance carrier denied these services with above reason codes “197” and “851-000”. Pursuant to rule §134.600(p)(7) Non-emergency health care requiring preauthorization includes: all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program. According to the information published by the Texas Department of Insurance, Division of Workers’ Compensation on “How CARF accredited work conditioning and work hardening programs work with preauthorization and concurrent review....Occupational rehabilitation facilities with current accreditation by the Commission of Accreditation of Rehabilitation Facilities (CARF) are eligible for exemption from preauthorization and concurrent review requirements for work conditioning and work hardening if the following two conditions are met:

- The service is within the recommendations of the Texas Division of Workers’ Compensation (DWC) adopted treatment guidelines, ODG – Treatment in Workers’ Comp, for the specific diagnosis and
- The CARF accredited facility is on the DWC current exemption list.

The requestor billed the services in dispute with diagnosis code 722.10 (lumbar intervertebral disc without myelopathy). According to the official disability guidelines (ODG) for September/2010, psychological screening and treatment is recommended for diagnosis code 722.10 and according to the Texas Department of Insurance, Division of Workers’ Compensation CARF accredited facilities, Qualcare Medical and Rehabilitation (Nisal Corp) is on the list for work conditioning and work hardening programs exempted from preauthorization and concurrent review. The requestor has met the conditions for exemption from preauthorization and concurrent review. Therefore, reimbursement to the requestor for the disputed services is recommended. The respondent states in their response to this dispute that the requestor failed to provide the correct MAR amount on the table of disputed services. The correct MAR amount is calculated on the table above.

Conclusion

For the reasons stated above, the division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$225.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$225.00 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Medical Fee Dispute Resolution Officer

6/2/11

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers

Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.